

09/830512

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			5/1/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	JK		5/01/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	10	5/1/01
2	✓	0	
3	✓	0	
4	✓	0	
5	✓	0	
6	✓	0	
7	✓	0	
8	✓	0	
9	✓	0	
10	✓	0	
11	✓	0	
12	✓	0	
13	✓	0	
14	✓	0	
15	✓	0	
16	✓	0	
17	✓	0	
18	✓	0	
19	✓	0	
20	✓	0	
21	✓	0	
22	✓	0	
23	✓	0	
24	✓	0	
25	✓	0	
26	✓	0	
27	✓	0	
28	✓	0	
29	✓	0	
30	✓	0	
31	✓	0	
32	✓	0	
33	✓	0	
34	✓	0	
35	✓	0	
36	✓	0	
37	✓	0	
38	✓	0	
39	✓	0	
40	✓	0	
41	✓	0	
42	✓	0	
43	✓	0	
44	✓	0	
45	✓	0	
46	✓	0	
47	✓	0	
48	✓	0	
49	✓	0	

Claim	Final	Original	Date
50	✓	10	5/1/01
51	✓	0	
52	✓	0	
53	✓	0	
54	✓	0	
55	✓	0	
56	✓	0	
57	✓	0	
58	✓	0	
59	✓	0	
60	✓	0	
61	✓	0	
62	✓	0	
63	✓	0	
64	✓	0	
65	✓	0	
66	✓	0	
67	✓	0	
68	✓	0	
69	✓	0	
70	✓	0	
71	✓	0	
72	✓	0	
73	✓	0	
74	✓	0	
75	✓	0	
76	✓	0	
77	✓	0	
78	✓	0	
79	✓	0	
80	✓	0	
81	✓	0	
82	✓	0	
83	✓	0	
84	✓	0	
85	✓	0	
86	✓	0	
87	✓	0	
88	✓	0	
89	✓	0	
90	✓	0	
91	✓	0	
92	✓	0	
93	✓	0	
94	✓	0	
95	✓	0	
96	✓	0	
97	✓	0	
98	✓	0	
99	✓	0	
100	✓	0	

Claim	Final	Original	Date
101	✓	0	
102	✓	0	
103	✓	0	
104	✓	0	
105	✓	0	
106	✓	0	
107	✓	0	
108	✓	0	
109	✓	0	
110	✓	0	
111	✓	0	
112	✓	0	
113	✓	0	
114	✓	0	
115	✓	0	
116	✓	0	
117	✓	0	
118	✓	0	
119	✓	0	
120	✓	0	
121	✓	0	
122	✓	0	
123	✓	0	
124	✓	0	
125	✓	0	
126	✓	0	
127	✓	0	
128	✓	0	
129	✓	0	
130	✓	0	
131	✓	0	
132	✓	0	
133	✓	0	
134	✓	0	
135	✓	0	
136	✓	0	
137	✓	0	
138	✓	0	
139	✓	0	
140	✓	0	
141	✓	0	
142	✓	0	
143	✓	0	
144	✓	0	
145	✓	0	
146	✓	0	
147	✓	0	
148	✓	0	
149	✓	0	
150	✓	0	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)